



DEPARTMENT OF DEFENSE

Notice of Calendar Year (CY) 2021 TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses

AGENCY: Office of the Secretary, Department of Defense.

ACTION: TRICARE notice.

SUMMARY: This notice provides the CY 2021 TRICARE Prime and TRICARE Select out-of-pocket expenses.

DATES: The CY21 rates contained in this notice are effective on or after January 1, 2021.

ADDRESSES: Defense Health Agency (DHA), TRICARE Health Plan, 7700 Arlington Boulevard, Suite 5101, Falls Church, Virginia 22042-5101.

FOR FURTHER INFORMATION CONTACT: Mark A. Ellis, telephone (703) 275-6234.

SUPPLEMENTARY INFORMATION: The National Defense Authorization Acts (NDAAs) for Fiscal Year (FY) 2012 and 2017 established rates for TRICARE beneficiary out-of-pocket expenses and how they may be increased by either the annual cost of living adjustment (COLA) percentage used to increase military retired pay or via budget neutrality rules. The FY 2021 retiree COLA increase is 1.3%.

The DHA has updated the CY21 out-of-pocket expenses as shown below:

Calendar Year 2021 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses
Active Duty Family Members (ADFM) Category
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Out of Pocket Expense		Select Group A CY21	Select Group B CY21	Prime* Group A CY21	Prime* Group B CY21
Annual enrollment fee	<i>Individual</i>	\$0.00	\$0.00	\$0.00	\$0.00
	<i>Family</i>	\$0.00	\$0.00	\$0.00	\$0.00
Annual deductible	<i>E1-E4, individual</i>	\$50.00	\$52.00	\$0.00	\$0.00
	<i>E1-E4, family</i>	\$100.00	\$105.00	\$0.00	\$0.00
	<i>E5 & above, individual</i>	\$150.00	\$158.00	\$0.00	\$0.00
	<i>E5 & above, family</i>	\$300.00	\$317.00	\$0.00	\$0.00
Annual catastrophic cap		\$1,000.00	\$1,058.00	\$1,000.00	\$1,058.00
Preventive visit		\$0.00	\$0.00	\$0.00	\$0.00
Primary care		\$22.00 (IN) 20% (OON)	\$15.00 (IN) 20% (OON)	\$0.00	\$0.00
Specialty care		\$34.00 (IN) 20% (OON)	\$26.00 (IN) 20% (OON)	\$0.00	\$0.00
ER visit		\$93.00 (IN) 20% (OON)	\$42.00 (IN) 20% (OON)	\$0.00	\$0.00
Urgent care center visit		\$22.00 (IN) 20% (OON)	\$21.00 (IN) 20% (OON)	\$0.00	\$0.00
Ambulatory surgery		\$25.00 (IN or OON)	\$26.00 (IN) 20% (OON)	\$0.00	\$0.00
Ambulance, outpatient ground		\$70.00 (IN) 20% (OON)	\$15.00 (IN) 20% (OON)	\$0.00	\$0.00
Ambulance, outpatient air		20% (IN or OON)	20% (IN or OON)	\$0.00	\$0.00
Durable medical equipment		15% (IN) 20% (OON)	10% (IN) 2 0% (OON)	\$0.00	\$0.00
Inpatient admission		\$20.15 per day; \$25.00 min. per admission	\$63.00 per adm. (IN); 20% (OON)	\$0.00	\$0.00
Inpatient SNF/rehab facility		\$20.15 per day; \$25.00 min. per admission	\$26.00 per day (IN); \$52.00 per day (OON)	\$0.00	\$0.00

** When TRICARE Prime enrollees other than active duty service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.

Calendar Year 2021 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses
Retiree Beneficiary Category
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Out of Pocket Expense		Select Group A CY21	Select Group B CY21	Prime** Group A CY21	Prime** Group B CY21
Annual enrollment fee	<i>Individual</i>	\$150.00	\$474.00	\$303.00	\$366.00
	<i>Family</i>	\$300.00	\$948.00	\$606.00	\$732.00
Annual deductible	<i>Individual</i>	\$150.00	\$158.00 (IN); \$317.00 (OON)	\$0.00	\$0.00
	<i>Family</i>	\$300.00	\$317.00 (IN); \$634.00 (OON)	\$0.00	\$0.00
Annual catastrophic cap		\$3,500.00	\$3,703.00	\$3,000.00	\$3,703.00
Preventive visit		\$0.00	\$0.00	\$0.00	\$0.00
Primary care		\$30.00 (IN) 25% (OON)	\$26.00 (IN) 25% (OON)	\$21.00	\$21.00
Specialty care		\$46.00 (IN) 25% (OON)	\$42.00 (IN) 25% (OON)	\$31.00	\$31.00
ER visit		\$125.00 (IN) 25% (OON)	\$84.00 (IN) 25% (OON)	\$63.00	\$63.00
Urgent care center visit		\$30.00 (IN) 25% (OON)	\$42.00 (IN) 25% (OON)	\$31.00	\$31.00
Ambulatory surgery		20% (IN) 25% (OON)	\$100.00 (IN) 25% (OON)	\$63.00	\$63.00
Ambulance, outpatient ground		\$93.00 (IN) 25% (OON)	\$63.00 (IN) 25% (OON)	\$42.00	\$42.00
Ambulance, outpatient air		25% (IN or OON)	25% (IN or OON)	\$20.00	\$20.00

Calendar Year 2021 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses					
Retiree Beneficiary Category					
Page 2 of 2					
Out of Pocket Expense		Select Group A CY21	Select Group B CY21	Prime** Group A CY21	Prime** Group B CY21
Durable medical equipment		20% (IN) 25% (OON)	20% (IN) 25% (OON)	20%	20%
Inpatient admission	In-network	\$250.00/day up to 25% of hospital charges, plus 20% of sep. billed services	\$185.00 per adm	\$158.00 per adm	\$158.00 per adm
	Out of network	‡ \$1,035.00/day up to 25% of hosp. charges, plus 25% of sep. billed services	‡ 25%	\$158.00 per adm	\$158.00 per adm
Inpatient SNF/rehab facility		\$250.00/day up to 25% of hospital charges, plus 20% of sep. billed services (IN); 25% (OON)	\$52.00 per day (IN); lesser of \$317.00 per day or 20% (OON)	\$31.00 per day	\$31.00 per day
‡ This is the CY 2020 rate. The CY21 out of pocket expense will be available mid-December once the DRG payment rates are calculated.					
* When TRICARE Prime enrollees other than active duty service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.					

The CY21 rates contained in this notice are effective on or after January 1, 2021.

Dated: November 17, 2020.

Aaron T. Siegel,

Alternate OSD Federal Register Liaison Officer,

Department of Defense.

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